

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN -5 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95 0000 81250

1. Entity Name

Mata Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3929 NW 23rd Drive

Suite, Apt. #, etc.

3. Mailing Address

3929 NW 23rd Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Gainesville, FL

Zip
32605

Country
US

City & State
Gainesville, FL

Zip
32605

Country
US

4. FEI Number

59-3341729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Mata, John F.

Street Address (P.O. Box Number is Not Acceptable)

3929 NW 23rd Drive

City Gainesville

FL

Zip Code 32605

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PEO
NAME Mata, John F.
STREET ADDRESS 3929 NW 23rd Drive
CITY - ST - ZIP Gainesville, FL 32605

TITLE
NAME 000005913130--0
STREET ADDRESS -06/21/02--01082--006
CITY - ST - ZIP *****155.00 *****155.00

TITLE ST
NAME Mata, Juanita E.
STREET ADDRESS 3929 NW 23rd Drive
CITY - ST - ZIP Gainesville, FL 32605

TITLE
NAME 000005913130--0
STREET ADDRESS -06/21/02--01082--007
CITY - ST - ZIP *****155.00 *****155.00

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/30/02

CR2E034B (12/01)